Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING. ALR-0037 12/04/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE, LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R 000 Initial Comments R 000 An annual survey was conducted from November 29, 2017, through December 4, 2017, to Rec'd 1/2/2018
Rolugges determine compliance with the Assisted Living Law "DC Code § 44-101.01." The Assisted Living Residence (ALR) provides care for thirty-nine (39) residents and employs thirty-nine (39) employees to include professional and administrative staff. Four (4) resident records and eleven (11) employee records were reviewed. The findings of the survey were based on observations, record reviews, and interviews with residents and employees. Note: Listed below are abbreviations used throughout the body of the report. ALA -- Assisted Living Administrator ALR -- Assisted Living Residence CNA -- Certified Nursing Assistant ° -- degrees DON -- Director of Nursing F -- Fahrenheit ISP -- Individualized Service Plan LPN -- Licensed Practical Nurse PT -- Physical Therapist OT-- Occupational Therapy R 272 Sec. 503.1 Dignity. R 272 (1) A safe, clean, comfortable, stimulating, and homelike environment allowing the resident to use personal belongings to the greatest extent possible: Based on observation and interview, the ALR staff failed to ensure hand sanitizer and liquid soap was stored safely away from (14) of fourteen (14) residents with dementia (Residents #1,2, 3, 4, 5, 6, 7,8, 9, 10, 11, 12, 13, Health Regulation & Licensing Administration LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0037 B. WING 12/04/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE,LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG. CROSS-REFERENCED TO THE APPROPRIATE TAG R272 R 272 Continued From page 1 R 272 1. Hand Sanitizer and and 14). liquid soap were 11/29/17 immediately Findings included: removed and stored Observation on 11/29/17, at 11:00 AM, showed safely away from that hand sanitizer and liquid soap for staff use residents. was unsecured in the dining area of the memory 2. DON/LNHA care unit. conducted rounds to During an interview on 11/29/17, at 11:30 AM, the 11/29/17 ensure that there DON stated that all residents on the memory care hand sanitizers and unit have some form of dementia. Additionally, liquid soap were the DON stated that she would ensure hand sanitizer and liquid soap is secured at all times. securely stored or mounted. At the time of the survey, the provider corrected DON/LNHA inthis deficient practice by removing the hand serviced staff as to sanitizer and liquid soap from the reach of residents. the need to maintain liquid hand sanitizers R 292 Sec. 504.1 Accommodation Of Needs. R 292 securely stored away from residents. (1) To receive adequate and appropriate services 1/15/18 Liquid soap was and treatment with reasonable accommodation of individual needs and preferences consistent with mounted on the wall their health and physical and mental capabilities receptacle. AL and the health or safety of other residents: Manager or designee Based on record review and interview, the ALR will conduct safety failed: (1) to ensure a physician's order was followed, as prescribed; and (2) to follow its Fall rounds on a monthly Prevention and Management policy for basis. two (2) of four (4) residents in the sample 4. AL Manager will (Residents #2 and 3). document findings Findings included: and report to the QA 1/25/18Committee monthly 1. Review of Resident #2's medical record on for review, 11/29/17, at 10:50 AM, showed a physician order for a PT/OT evaluation and plan, dated 04/27/17. evaluation, and

approval.

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the resident in the identified areas.

approval.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A\_BUILDING: \_\_\_ COMPLETED ALR-0037 B. WING \_\_\_ 12/04/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1330 MASSACHUSETTS AVENUE, NW MASS SR CARE, LLC T/A THE RESIDENCES AT WASHINGTON, DC 20005 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) R 481 Continued From page 4 R 481 3. Review of Resident #3's medical record on 12/04/17, at 3:30 PM, showed an ISP dated 09/14/17. The ISP indicated that the resident required assistance in the areas of mobility. eating, and continence. Further review of the ISP showed it failed to identify who would assist the resident in the identified areas. 4. Review of Resident #4's medical record on 12/04/17, at 4:00 PM, showed an ISP, dated 11/01/17. The ISP indicated that the resident required assistance in the areas of bathing, dressing, and mobility. Further review of the ISP showed that it failed to identify who would assist the resident in the identified areas. During an interview on 11/29/17, at 11:10 AM, the DON stated that the rehabilitation department provided the OT services as ordered. The DON also stated that she would ensure that going forward all residents ISPs included services provided and personnel responsible for providing the service. At the time of the survey, the ALR failed to include in the ISPs for Residents #1, 2, 3, and 4 all services provided and who would provide those services. R 679 Sec. 702c Staff Training. R 679 (c) After the first year of employment, and at least annually thereafter, a staff member shall complete a minimum total of 12 hours of in-service training in the following: Based on record review and interview, the ALR failed to ensure that six (6) of six (6) employees completed a minimum of twelve hours of annual

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Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ALR-0037 B. WING 12/04/2017 STREET ADDRESS, CITY, STATE, Z 4. I. Plant Operations NAME OF PROVIDER OR SUPPLIER 1330 MASSACHUSETTS AVE MASS SR CARE,LLC T/A THE RESIDENCES AT Director will WASHINGTON, DC 20005 document findings SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX TION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE and report to the QA NULD BE ROPRIATE PREFIX CR REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE Committee monthly for review, R1003 Continued From page 7 R1003 01/25/18 evaluation, and controlled mixing valves or by other means, approval. including control at the source, so that the water II. F&B Director will temperature does not exceed 110 degrees Fahrenheit. document findings Based on observation and interview, the ALR and report to the QA failed to ensure that the hot water temperature Committee monthly did not exceed 110° F in one (1) of eleven (11) bathrooms inspected (Apartment #317). for review, evaluation, and Findings included: approval. Observation on 12/01/17, at 10:59 AM, showed 1. Plant Operations 12/01/17 R1003 that the hot water temperature measured at Director took 112.2°F in Apartment 317. immediate corrective During an interview on 12/01/17, at 11:00 AM, the action by adjusting maintenance director stated that he would adjust the mixing valve the mixing valve to decrease the water under the sink in temperature down to 110°F. Apartment 317. Follow-up observation on 12/01/17, at 3:56 p.m., 2. Plant Operations showed that the hot water temperature was Director or designee 109°F. has conducted room 12/08/17 inspections to At the time of the survey, the ALR failed to ensure that the hot water temperature did not exceed identify other 110°F in Apartment 317. temperature issues **Plant Operations** Director or designee will continue weekly 12/08/17 room inspections. **Plant Operations** Director educated maintenance staff on inspecting temperatures. 4. Plant Operations 1/25/18 Health Regulation & Licensing Administration Director will STATE FORM document findings 6899 OOMS If continuation sheet 8 of 8 and report to the QA Committee monthly

> for review, evaluation, and approval.